

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, and Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self (Without an Attorney) OR  
☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner/Plaintiff

Case Number: \_\_\_\_\_

### AFFIDAVIT SUPPORTING APPLICATION FOR DEFERRAL OR WAIVER OF SERVICE COSTS

\_\_\_\_\_  
Name of Respondent/Defendant

STATE OF ARIZONA                     )  
 COUNTY OF MARICOPA            ) <sup>ss</sup>

**STATEMENTS MADE TO THE COURT UNDER OATH OR AFFIRMATION.** I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

**I have requested a deferral or waiver of the following fees in my case:**

- ☐ **Fees for service of process by a sheriff, marshal, constable, or law enforcement agency:** In support of my request, I state that (check and complete any that apply):
- ☐ I have attempted to obtain voluntary acceptance of service of process without success on the person to be served.
- ☐ It would be useless or dangerous for me to try to obtain voluntary acceptance of service by the person to be served because (explain):
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ An enforceable injunction against harassment or order of protection has been granted to me against the person to be served.

Case No. \_\_\_\_\_.

☐ **Fees for publication:** In support of my request, I state that I have attempted to locate the person to be served but I have been unable to locate that person **(check and complete any that apply):**

☐ This is what I did to try to find the other party (explain):

\_\_\_\_\_  
\_\_\_\_\_

☐ I have contacted the person(s) listed below to try to find the location of the other party.

**NAME**

**ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **Fees for Parent Information Program (PIP).**

**SIGNATURE UNDER PENALTY OF PERJURY**

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

**INFORMATION FOR SERVICE**

**You must provide the following information:**

To the best of my knowledge, as of (date) \_\_\_\_\_, the last known address of the person to be served was: \_\_\_\_\_.

(Street Address, City and State)